

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 22-77	2. Fiscal Year Covered From:
	1/1/04 Through: 12/31/04
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name JIMMY D. WILLIAMS	Name NATIONAL ASSOCIATED OF LETTER CHELLERS
	Labor Organization File Number : (000-50)
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 100 NO DAWA ANE NEW	Street 100 INDIANA AVE. NW
city Wasterco)	city Washveron
State DC ZIP Code + 4 ZOCO	State DC ZIP Code + 4 2000
5. Position in labor organization. EXECOME VICE PA	ES 1065T

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loan monetary value from an employer whose employees your	ıs) with, or organizati	derived income or other economic benefit of on represent.
Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		7.b. Amount.
City	:	
State ZIP Code + 4		

Signature

15. Signature and verification. The undersigned declares, under penalty of F	eriury and other applicable penalties of the	ne law that all of the information
additing in the report (including menintelling contained in any accompany)	na documents), has been evamined by the	signatory and is to the hest of the
undersigned's knowledge and belief true correct, and complete. (See the sec	tion on penalties in the instructions \	s digitatory and id; to the beat of the
Signed A DOM	on 8/15/05 201	2 662 2840
W	Date	Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or included with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name PEAKE-DELANCEY PRUTING LLC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ZSOO SCHWIEL DR. City CHUELLY State MD ZIP Code + 4 20781	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. PRWTER WHO COMPETNEY BUS ON PLWTUG DES
Street	11.b. Approximate dollar value of such dealing. 2,760,000
City State ZIP Code + 4	12.a. Nature of interest held or income received. POSUD OF GOLF CHESTMAS CAMBS 2 PEDSUM TICHES 4 GAT PACKS
	12.b. Amount. 1514.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State	ZIP Code + 4			: :
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.	

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

dealing with your labor organization or with a trust in which your labor organ	ization is interested.
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name CAGEMPAR INC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Z211 SANDERS PD. City NOPABLOOK State IL ZIP Code + 4 60062	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	DRUG PPO FOR HEACTH BENET RAN
Trade Name, if any:	BOUTET RAN
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. 3, 500,000
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	4 Posins of GOLF 1 Bleakfast 1 Snack

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

14.a. Nature of payment.

12.b. Amount.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

378.00

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

dealing with your labor organization or with a trust in which your	labor organization is interested.
3. Name and address of Business (including trade name, if any). Name HLEN HOTEL Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ZODS KALLA P.D City HONDWW State H I ZIP Code + 4961	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any:	HENDONALTERS HOTEL FOR NATIONAL CONVENTION IN 2004
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	DURING THE NITIONAL CONVENTION HELD IN HANAY IN JULY 2004 A COMPLINATIAN FROM WAS PROVIDED TO ME AND IS BEING REPORTED CONSTRAT

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.	

12.b. Amount.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

9. Business deals with:

Trade Name, if any: GLANGE APTS

P.O. Box, Bldg., Room No., if any

Street 4801 VIEW DUT PLACE

City CHEVELLY

State NO

ZIP Code + 4 2078

×

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

COMPETITIVE DIDE AND PECEIVED AND VALLOUD PRINTEDLY JOBS ALE AWARDED

11.b. Approximate dollar value of such dealing.

CHENDRON

12.a. Nature of interest held or income received.

I possed OF GOLF W/ with

12.b. Amount.

14.a. Nature of payment.

150.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

Name

City

State

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing JIMMY D. DILLUMS	File Number U-
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization and address of Business (including trade name, if any). Name LELLY PRESS Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 170 CABCO SPANCH DL City CHEVELLY State My ZIP Code + 4 25785 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any:	alue from a business (1) a erwise dealing with the business tively seeking to represent, or ndirectly to, or otherwise
P.O. Box, Bldg., Room No., if any Street	11.b. Approximate dollar value of such dealing.
City State ZIP Code + 4	12.a. Nature of interest held or income received.
	12.b. Amount. /15.00

or from any labor relations consultant		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.